## MEDICATION ADMINISTRATION IN MISSOURI SCHOOLS

### **Guidelines for Training School Personnel**





**APRIL 2005** 

#### **ACKNOWLEDGEMENTS**

Medication Administration in Missouri Schools, 2005 is a revision of the Medication Administration in Missouri Schools, 2001.

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#### I. MEDICATION ADMINISTRATION IN SCHOOLS

#### A. Introduction:

School districts must establish policies and implement procedures that meet all legal requirements for administration of medication required during school hours. The procedures must be consistent with standards of medical, nursing, and pharmacy practice guidelines.

#### **B.** Rationale:

Children with acute and chronic illnesses may require medication during the school day. School districts must meet this need in the interest of facilitating school attendance and to comply with applicable state and federal laws.

#### C. Considerations:

Districts employing or contracting with registered professional nurses should assign the nurse responsibility for implementing a system of safe administration of medication. This system may include delegation of medication administration to unlicensed assistive personnel in the absence of the nurse.

The Missouri Nurse Practice Act (Chapter 335, RSMo) allows for delegation of medication administration when the procedure is under the control and supervision of a registered professional nurse. This is interpreted to mean that the nurse:

- a) Determines who can safely and competently perform this task;
- b) Assesses any learning needs of the individual;
- c) Provides a standardized training in the procedure;
- d) Periodically monitors and supervises the individual performing the task to determine that the individual is following correct procedure. The nurse determines the extent of the supervision needed;
- e) Periodically repeats the instruction; and
- f) Is available for consultation regarding the procedure.

#### II. GUIDELINES FOR TRAINING UNLICENSED SCHOOL PERSONNEL

#### A. Purpose:

The purpose of this training is to teach school personnel basic knowledge of medication administration in the school setting.

#### B. Goal:

Safe administration of oral, topical, eye, ear, inhalant, and emergency medications. The methods of administration to be delegated should be determined by the school nurse, described in school board policy, and may be personnel-specific.

#### C. Objectives: The individuals trained will:

- a. Describe their role in the delivery of medication;
- b. State the general purpose of medication administration;
- c. List any needed equipment and supplies;
- d. Demonstrate proper administration of oral, topical, eye, ear, inhalant, and emergency medications, including proper handwashing;
- e. Demonstrate appropriate and accurate documentation of medication administration;
- f. Demonstrate appropriate action if unusual circumstances occur, i.e., medication error, adverse reaction, student refusal, etc; and
- g. Know how and when to seek consultation from supervising nurse.

#### D. Roles and responsibilities:

#### 1. School Administrator

- a) Assist in development of medication administration policy and procedures and seek school board support for policy (see *Appendix A*, Medication Administration in Schools);
- b) Provide administrative support for compliance with district medication administration procedures;
- c) Assist nurse in educating staff and parent(s)/guardian(s) about the district's commitment to a safe policy related to medications in school; and
- d) Be aware of liability issues related to medication administration at school, including insurance coverage, personnel covered, etc.

#### 2. Registered Professional Nurse

- a) Understand recommended updates and revisions, and continually evaluate district policy and procedures related to medication administration;
- b) Determine who can safely provide medication administration;
- c) Provide guidance for special circumstances, i.e., field trips, verbal orders, etc.;
- d) Provide a standardized training course for all personnel who will administer medications:
- e) Maintain a record of training, including course attendance, written tests, and performance evaluations demonstrating 100 percent mastery of course content;
- f) Periodically monitor performance through observation of procedures, review of documentation, handling of medications, etc., (at least yearly);
- g) Provide medication information resources and update as needed;
- h) Encourage open communication with individuals delegated to administer medication;
- i) Review and take appropriate action regarding any reported medication error;

- j) Take corrective action when individual to whom medication administration is delegated does not meet standard performance after consultation and retraining;
- k) Develop an educational program for all students regarding the appropriate use of medications, including the resolution of minor health problems without the use of medication; and
- 1) Share policies, procedures, and forms with local authorized prescribers.

#### 3. Unlicensed School Personnel

Participate in district training related to medication policy and procedures:

- b) Administer medications strictly following the procedure as taught;
- c) Provide accurate documentation of medications administered;
- d) Call for consultation with delegating nurse when there is any question, or when a parent/guardian does not comply with policy; and
- e) Provide safe storage and handling of medications as outlined in district policy.

#### 4. Parent(s)/Guardian(s)

Cooperate with the district's policy regarding medication administration to:

- Provide authorization or prescription from student's health care provider;
- Provide written request from parent/guardian to administer medication;
- Provide the school with the medication as outlined in the policy;
- Communicate any changes in student's health status, medication regime, change of health care provider, etc.; and
- Sign authorization for school to communicate with student's health care provider if needed.

#### 5. All School Personnel

- a) Understand and follow school district policy and procedures related to medications; and
- b) Understand and follow school district policy regarding self-administration of medications.

#### 6. Prescriber

- a) Write a complete order including name of medication, dosage, time, frequency, and length of treatment; and
- b) Collaborate and communicate medication instructions and pertinent information to the parent, student, and school staff, as necessary.

#### E. Materials needed:

- Samples of different pills and tablets;
- Samples of different types of topical medications (ear, eye, skin);
- Samples of different types of liquid medications;
- Samples of different types of medication administration dosage containers (oral syringe, medicine spoons, medicine cups);
- Samples of medication administration log; and
- Medication error report form.

#### III. SAMPLE AGENDA FOR TRAINING

## MEDICATION ADMINISTRATION IN SCHOOLS Training for Unlicensed School Personnel

(Suggest using a written pre-test to determine knowledge base prior to inservice -- Appendix F)

#### A. Overview of course

Goals and objectives

Review of materials to be covered

Discussion of participant's responsibility

Discussion of evaluation criteria

#### B. Legal Requirements

Local School Board-approved policy and procedures regarding medications Statute regarding self-administration of certain medications (<u>Appendix D</u>) Confidentiality Policy

#### C. Review of proper handwashing technique and standard precautions

#### D. Medication Administration

Purpose of medications

General rules – "five rights" – (see Appendix D)

Routes of administration (determine at the local level)

Medication Administration (Appendix E)

- oral
- rectal
- topical
- eye
- ear
- inhalant (inhalers and nebulizers)
- emergency drugs (Epi Pen®)

#### E. Documentation

Forms for authorization and how they are to be used;

Information on prescription labels;

Record keeping forms and how to use; and

Medication Errors.

#### F. Policy For Proper Storage and Handling of Medications

Medication containers;

Storage requirements;

Controlled medications;

Cutting or crushing tablets;

Procedure for receiving medication; and

Stolen or missing medication.

#### G. Common side effects

Sources of information regarding specific drugs;

Procedure for consultation; and

Signs and symptoms to report.

#### H. Return Demonstration

Repeated for 100 percent mastery;

See *Evaluation of Mastery Form* for steps in evaluation of demonstration of medication; and administration.

(Administer a written post-test to assess knowledge gain -- should be 90 percent or above.)

#### Appendix A

#### Administration of Medications in Schools

#### Recommended Policy

It is generally recognized that some students may require medication for chronic or short-term illness during the school day to enable them to remain in school and participate in their education.

Unless specifically included in the IEP of a student receiving special education services or a Section 504 Accommodation Plan, the school district is not obligated to administer medications to students. The superintendent, in collaboration with the district's school nurses or public health nurses, will establish administrative procedures for administration of all medications pursuant to state and federal laws. *Prescribers should be encouraged to write prescriptions for medications to be given outside of school hours whenever possible.* 

A health professional, licensed to prescribe by a state regulatory body, may recommend that an individual student with a chronic health condition assume responsibility for his/her own medication as part of learning self-care, e.g., inhalers used for asthma. Self-administration of medication may be allowed if certain conditions are met.

Administration of medication is a nursing activity that must performed by a registered professional nurse or a licensed practical nurse. A registered professional nurse may delegate the administration of medications to unlicensed personnel provided they are trained and supervised by the delegating nurse.

Nurses must use reasonable and prudent judgment to determine whether or not to administer particular medications at school while working in collaboration with parents and school administration. To protect the health and safety of students, the nurse will clarify, when necessary, any medication order. The district will not administer the first dose of any medication. The school nurse will not, without clarification from the prescriber, administer any medication if the dosage exceeds the recommendations of the manufacturer.

#### Local district procedures should include:

- 1. Instructions for providing the school district with standing orders, annually, at the beginning of each school year, regarding the administration of medications in emergency situations such as a severe allergic reaction or anaphylaxis. The standing order must include the protocol to follow and who may administer the medication. A registered nurse will train designated personnel in the proper administration of the medication. Parent(s)/guardian(s) of students with known severe allergic reactions must supply the medication, which along with the standing order will be maintained in a secure location.
- 2. Procedures to be followed when a student requires prescription medication to be administered at school, including obtaining a physician request/order (may stipulate that prescription label will serve as physician order). The school nurse is responsible for verifying the physician order, and documenting information regarding the prescription in the student's health record.

- 3. A requirement that all medications, prescribed and over-the-counter (OTC), only be administered upon written request from a parent/guardian.
- 4. Procedures for allowing privacy for students receiving medication.
- 5. A statement that OTC drugs, including herbal preparations, will not be dispensed in excess of the manufacturer's recommended dosage. The registered nurse in charge of medication administration will use his/her professional judgment regarding the administration of these drugs.
- 6. A statement that the district will not knowingly administer prescription medications in amounts exceeding the recommended daily dosage listed in the Physician's Desk Reference (PDR) or other similarly recognized text.
- 7. Assurance that medication will be administered in accordance with the student's Individualized Education Plan (IEP) or Section 504 Accommodation plan, if applicable.
- 8. A statement that all medication must be delivered to the building principal or designee in a properly labeled container from the pharmacy, or in a manufacturer's packaging.
- 9. An explanation of the responsibilities of all school personnel in the administration of medications consistent with these recommendations and including an explanation of the procedures for training unlicensed personnel in the administration of medications and specific procedures and limits for unlicensed personnel in the administration of medications. The nurse is responsible for determining what medications can be safely administered by paraprofessionals and unlicensed personnel. The decision regarding delegation is based on the student's health status, the medication to be administered and the state nurse practice act. (See Missouri State Board of Nursing Position Statement on Delegation, *Manual for School Health Programs*, <u>Appendix C.4</u>.)
- 10. An explanation of the district's procedures for permitting the self-administration of medications by way of a metered-dose inhaler by students with potentially life-threatening respiratory illnesses. All such procedures must reflect the requirements of section 167.627 RSMo and include:
  - Written authorization from the parent(s)/guardian(s), including a medical history of the illness;
  - A plan of action for addressing emergency situations (Asthma Action Plan/Quick Relief and Emergency Plan);
  - Written certification from a physician attesting to the student's need for, and ability to administer the medication;
  - A statement from the district that the district assumes no liability as a result of injury arising from self-administration; and
  - A requirement that this authorization be renewed annually.

In addition, there should be a description of the nurse's role in assuring safe self-administration of medication, including observation of student's techniques and adherence to prescription.

- 11. A procedure for documenting administration of medications, both routine and as needed. This information should be documented on an individual medication record that includes the student's name, prescriber, pharmacy, prescription number, drug, dose, date, time and name or initials of persons administering the medication. The record should provide space for the full signature of the individuals administering the medication. Individual medication records may be kept in a "medication notebook," then filed in the student's individual health record when completed, at the end of the year, or when the student transfers or withdraws from school. All documentation shall be completed in ink.
- 12. Procedures for collection, storage, and delivery of medications.
- 13. Procedures for governing access to medications. These procedures must be restrictive enough to protect medications from improper distribution, but flexible enough so that medications can be accessed when needed.
- 14. (If applicable). Notice that schools in the district are equipped with epinephrine premeasured, auto-injection devices that can be administered in the event of severe allergic reaction causing anaphylaxis. This notice should include a list of personnel trained in the proper administration of this drug. Epinephrine will only be administered in accordance with written protocols provided by the prescriber.

#### Handling, Storage, and Disposal of Medications

- 1. The school district must provide secure, locked storage for all medications to prevent diversion, misuse or ingestion by another individual. Schedule II controlled substances, e.g. Ritalin, should be inventoried upon receipt, and daily by the person routinely administering the drug. The record of the drug count should be maintained in a log, or on the student's medication record. Any count discrepancies should be reported to the school nurse to enable further investigation. It is recommended that schools provide a double-locked storage for controlled substances, i.e. a locked box in a locked cabinet or room. The Bureau of Narcotics and Dangerous Drugs (BNDD) may be contacted as a resource if assistance is desired regarding recordkeeping, storage, disposal, etc., of controlled substances. BNDD may be contacted at the Missouri Department of Health and Senior Services, 573-751-6321.
- 2. Expiration dates on any medications must be checked on a routine basis.
- 3. Access to stored medications should be limited to the building principal and persons authorized to administer medications and to self-medicating students. Students who are self-medicating must not have access to other student's medications. Access to keys must be restricted to the extent possible.
- 4. A parent/guardian may retrieve their student's medication from the school at any time.
- 5. When possible, all unused, discontinued, or outdated medication should be returned to the parent/guardian, and the return documented. With parent/guardian consent, medications may be destroyed by the school nurse, witnessed by another individual, and appropriately documented. All medications should be returned/destroyed at the end of the school year.

#### **Role of the School Nurse in Medication Administration**

The administration of medications in schools, including over-the-counter (OTC) medications, is a nursing activity that must be under the control of a registered professional nurse and/or licensed practical nurse. A registered nurse may delegate, train and supervise the administration of medication by unlicensed personnel who are qualified by education, knowledge and skill to administer medication. A registered nurse shall provide and document the requisite education, training and competency verification.

It is the responsibility of the registered professional nurse to:

- 1. Document the training, education, competency verification and supervision of unlicensed personnel who are delegated medication administration. A registered nurse may delegate the training of unlicensed personnel to licensed practical nurses who have demonstrated the competency to provide such training. The nurse must periodically monitor medication administration procedures of those trained by the nurse and licensed practical nurse; See Missouri State Board of Nursing Position Statement, *Manual for School Health Programs*, <u>Appendix C.4.</u>
- 2. Provide product information, safe dosage limits, side effects, drug interactions, adverse reactions, emergency procedures, and other pertinent drug information as indicated.
- 3. Ensure medications originate from an order from an authorized prescriber and are appropriate, labeled, administered as prescribed and documented appropriately.
- 4. Provide for safe, appropriate storage of medication.
- 5. Monitor the use of OTC medications and discourage the use of medication that might mask health problems, or send the wrong message to students regarding drug use.
- 6. Communicate to the parent/guardian and/or authorized prescriber the effect of the medication on the student's performance and behavior, and apprise them of frequent requests for medication that has been prescribed "as needed."
- 7. Establish procedure to document any situations where the medication is not given as prescribed, i.e., refusal, vomiting, spilled, or lost.
- 8. Establish a written procedure for dealing with questionable medication orders/requests, including herbal preparations and OTC medications, and the manner in which refusal to give medication due to a concern for the safety of the student is handled. The nurse has a right to refuse to administer any medication the nurse believes is not in the best interest of the student, due to dosage, side effects or other concerns. This issue of nurse refusal should be covered in Board-approved policy. This situation may require the development of a 504 Accommodation Plan if the parent/guardian requests the medication still be administered in school.

(The Missouri School Boards Association has a sample medication policy that may be utilized for individual district policy development.)

#### Appendix B

#### Consensus Policy on Medication Administration

There has been confusion regarding the issue of administration of medications in Missouri schools. In order to clarify the current position of interested agencies, such as the Department of Elementary and Secondary Education (DESE), the Department of Health (DOH), now the Department of Health and Senior Services, (DHSS), the Missouri School Boards Association (MSBA) and the Missouri Association of School Nurses, designated representatives of these organizations to meet to discuss the issue. The MSBA developed a model policy for school districts that was endorsed by all the agencies involved. This was distributed to all school districts through the Department of Elementary and Secondary Education as a consensus statement on the issue in August 1999.

Appendix A is consistent with this consensus statement. School districts must develop their own medication policy and procedures, and determine whether or not their school nurses may administer over-the-counter (OTC) medications without a physician's written order, but with written parent authorization. There is no legal basis requiring the physician order for OTC medication as it is within the scope of nursing practice to determine whether or not that nurse chooses to administer a particular OTC medication. The decision is based on the indication for the medication, knowledge of the drug action and possible interactions, and the child's health status.

Herbal medications and nutritional supplements are considered in the same category as OTC medications. However, most nurses are unwilling to administer these preparations due to lack of information regarding drug action and possible interactions from reliable sources such as the Physician's Drug Reference for prescription and non-prescription drugs.

#### **Missouri School Boards Association Policy**

#### ADMINISTRATION OF MEDICATIONS\* TO STUDENTS

With the exception of students in special education programs, or those with Section 504 Accommodation Plans, the school district is not obligated to supply or administer medications to students. However, the Board recognizes that some students may require medications for chronic or short-term illness during the school day to enable them to remain in school and participate in their education. Therefore, the Board delegates to the superintendent the authority to determine whether to allow administration of medications to all students. The superintendent, in collaboration with district school or public health nurses (hereinafter referred to as "nurses"), will establish administrative procedures for such administration of medications in compliance with this policy and pursuant to state and federal law.

The district shall not knowingly administer medications in an amount exceeding the recommended daily dosage list in the *Physician's Desk Reference (PDR)* or other recognized medical or pharmaceutical text.

The administration of medications is a nursing activity that must be performed by a registered professional nurse or a licensed practical nurse. A registered professional nurse may delegate and thereby will supervise the administration of medications by unlicensed personnel who are trained by the nurse to administer medications.

Nurses must use reasonable and prudent judgment to determine whether or not to administer particular medications to students while also working in collaboration with parents and school administration. Nurses will, in carrying out their legal duty to protect the health, welfare and safety of students, clarify authorized prescriber\*\* orders and respond in accordance with such clarifications, when nurses' reasonable and prudent judgment dictates a need to do so. Nurses will also, based on their specialized education, judgment and skill, determine if medications are inappropriate for administration.

If the district includes the administration of over-the-counter drugs, then such administration does not require a prescription as long as one administers over-the-counter drugs according to the specific directions outline on the manufacturer's label and pursuant to established district administrative procedures. If the district includes the administration of prescription medications, the prescription label may be considered an equivalent of the physician's or authorized prescriber's written order for medications administration. A written request by the parent/guardian will be required prior to administering medications. For all medications administered, the school nurse or designee must maintain thorough documentation.

An authorized prescriber may recommend that an individual student with a chronic health condition, such as asthma or other potentially life-threatening respiratory illness, assume responsibility for his or her own medications as part of learning self-care. These students may self-administer medications, such as through the use of a metered-dose inhaler, provided that the conditions set forth in state law have been met.

All student-occupant buildings in the district should obtain an authorized prescriber's written standing order and protocol for medications to be administered in the event of a severe allergic reaction.

For purposes of this policy and any accompanying regulations, the following definitions apply:

- \* "Medications" include prescription, over-the-counter drugs, and for purposes of the policy, herbal preparations.
- \*\* "Authorized prescriber" includes a health care provider licensed or otherwise authorized to prescribe medications by state law.

\* \* \* \* \* \* \*

Adopted: FIELD (AdoptDate) FIELD (ReviseDate)

Legal Refs: §§ 167.625, 335.016, 338.059, RSMo

Missouri Manual for School Health Programs

DeBord v Ferguson-Florissant Board of Education (8<sup>th</sup> Cir. 1997)

FIELD (DistrictLocationLine)

**EXPLANATION** 

Modified language relating to the administration of over-the-counter medications and nursing responsibilities. This revision resulted from the collaborative efforts of representatives from the Missouri Department of Health, the Department of Elementary and Secondary Education, the State Board of Nursing, the Missouri Association of School Nurses and MSBA's Policy and Legal Documents.

#### **Appendix C**

#### Excerpted from "SAFE SCHOOLS ACT"

(CCS SCS HS HCS HB 130l, 1298, duly passed and signed by Governor Carnahan, as an emergency act).

- Section 10. l. Any board of education of any school district may permit the self-administration of medication administered by way of a metered-dose inhaler by a pupil for asthma or other potentially life-threatening respiratory illnesses provided that:
- (1) The parents or guardians of the pupil provide to the board of education written authorization for the self-administration of medication and a written medical history of the pupil's experience with the potentially life-threatening respiratory illness and a plan of action for addressing any emergency situations that could reasonably be anticipated as a consequence of administering the medication and having the potentially life-threatening respiratory illness;
- (2) The parents or guardians of the pupil provide to the board of education written certification from the physician of the pupil that the pupil has asthma or another potentially life-threatening respiratory illness and is capable of, and has been instructed in, the proper method of self-administration of medication and informed of the dangers of permitting other persons to use medicine prescribed for the pupil;
- (3) The board informs the parents or guardians of the pupil in writing that the district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil, absent any negligence by the district, its employees or its agents, or as a result of providing all relevant information provided pursuant to subdivisions (1) and (2) of this subsection with the school nurse, absent any negligence by the district, its employees or its agents, or in the absence of such nurse, to the school administrator;
- (4) The parents or guardians of the pupil sign a statement acknowledging that the district shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the pupil; and
- (5) The permission is effective for the school year for which it is granted and is renewed for each subsequent school year upon fulfillment of the requirements of subdivisions (1) through (4) of this subsection.
- 2. Nothing in this section shall be construed to prevent a school district from requiring pupils to maintain current duplicate prescription medications with the school nurse or in the absence of such nurse, the school administrator.
- 3. The state board of education shall promulgate such rules and regulations, as it deems necessary to effectuate the purposes of this section.

#### Appendix D

#### ASSISTING STUDENT TO TAKE OWN MEDICATIONS

SCHOOL PERSONNEL WHO CAN APPROPRIATELY PROVIDE CARE OR ASSIST THE STUDENT:

Registered nurse, or to be determined with the student's physician.

#### TRAINING NEEDS:

To be identified by the registered nurse.

#### CIRCUMSTANCES WHICH REQUIRE RN ACTION:

Assisting the student to take his/her medication will not usually be delegated by the RN when the medication requires taking blood pressure, or radial or apical pulse before or after administration; or when administering medication that requires nursing judgment to determine dose.

#### **REMARKS**:

Stene

The school district should have a policy regarding administration of medications regardless of route. Refer to *Appendix A* for Medication Administration in Schools.

Notes

(Excerpt from *Technical Skills and Services Chart, Manual for School Health Programs*, DHSS/DESE, 2005.)

#### RECOMMENDED PROCEDURE FOR ASSISTING STUDENT

Bieps	110103
Obtain the parent's written request and permission for medication.	
Determine the need for taking medication at school.	Develop an individual healthcare action plan (HAP) if administration of medication dose is dependent on nursing judgment.
Obtain written authorization of a physician.	Medication administration is considered a special health care procedure when the administration requires nursing judgment. Policy should include requirement of a written physician order.

#### **Assisting Student To Take Own Medication** (continued)

#### Steps Notes Have the medication provided by the parent in an Student's individual HAP should individual pharmacy-labeled bottle for the student address need for medication who is to receive it. at school. Parent's responsibility includes provision of medication in properly labeled bottles as per policy. Policy should address proper storage. Store medications at school at the correct temperature in a secure, locked, clean container or cabinet. A written, practical plan to give the student Regular administration protects medication at the date and time prescribed should be acceptable blood levels of medication. included in the HAP Keep a written record of medications given at Policy should include use of an individual medication record for school. documentation When ready to take his medication, assist the These might include: the medication, a measuring spoon, student to assemble the medication and supplies needed water or other liquid, dressing for medication applied to the skin, tissue or cotton balls, etc. Help the student review the **five "R's"** to ensure Right name (of student) he is taking the correct medication. Right medication Right dose/amount Right time Right route (by mouth, injection, etc.) Determine his blood pressure, pulse and/or correct Refer to the student's HAP dose if indicated. Place the medication within reach of the Use assistive devices if necessary to student. Loosen the top of bottles or tubes. maintain student in a functioning position. Assist the student as necessary: Student's physical and mental ability oral medications - steady his hand as he determine the amount of assistance brings medication to his mouth. needed. Ointments - help him to apply the right amount to affected skin and dress it appropriately.

Eye drops - guide his hand; wipe excess liquid or ointment from under eye from nose to outer area.

#### **Assisting Student To Take Own Medication** (continued)

Steps Notes

Observe the student for possible side effects.

Review the pharmaceutical literature for each medication the student is taking.

Help the student put his medication in its proper place after use.

Dispose of used equipment. Remove and discard gloves, if worn.

Help student wash his hands and resume his scheduled classroom activities. Wash your hands.

Document assisting the student to take his medication, on the medication record.

Log sheet should identify the route of administration, as well as date, time, and name of person administering <u>each</u> dose. Record should include area in which to record comments regarding unusual response, problems encountered, action taken.

Inform the appropriate school staff of the potential enefits and side effects of the student's medication.

This allows the staff to plan to optimize the student's performance, and to report any reactions to the medication that they observe.

Summarize the student's compliance with and apparent benefit (or lack of benefit) from taking this medication at school

Give this information to his parents and physician on a periodic basis or as indicated in his healthcare action plan.

Self-administration of Asthma Medications via inhalers and/or nebulizers. Refer to: 2005 Missouri School Asthma Manual.
This manual is available at <a href="http://www.dhss.mo.gov/asthma/Publications.html">http://www.dhss.mo.gov/asthma/Publications.html</a> Click on 2005 Missouri School Asthma Manual.

#### Appendix E

## **ADMINISTERING MEDICATIONS**[Oral, Rectal, Ophthalmic, Otic, Intranasal]

SCHOOL PERSONNEL WHO CAN APPROPRIATELY PROVIDE CARE OR ASSIST THE STUDENT:

Registered nurse (RN), or to be determined with the student's physician.

#### TRAINING NEEDS:

To be identified by the registered nurse.

#### CIRCUMSTANCES WHICH REQUIRE RN ACTION:

Administering medications to the student will not usually be delegated by the RN when the medication requires taking blood pressure, or radial or apical pulse before or after administration; or with medication that requires nursing judgment to determine dose.

#### **REMARKS**:

Steps

The school district should have a policy regarding administration of medications regardless of route. Refer to *Appendix A* for Medication Administration in Schools.

(Excerpt from Technical Skills and Services Chart, Manual for School Health Programs, DHSS/DESE, 2005.)

#### RECOMMENDED PROCEDURE FOR ORAL MEDICATIONS

Obtain parent's written request and permission.								
Determine the need for taking medication at school.	Develop an individual healthcare action plan (HAP) if administration of medication dose is dependent on nursing judgment.							
Obtain written authorization of a physician.	Medication administration is considered a special health care procedure when medication dose is dependent upon nursing judgment. Policy should include requirement of a written physician order.							

Notes

#### **Administering Medications:** (continued)

Step <u>Notes</u>

Have the medication provided by the parent in an individual pharmacy-labeled bottle for the student who is to receive it.

Student's HAP should address need or medication at school if nursing judgment involved. Parent/guardian responsibility includes provision of medication in properly labeled bottles as per policy.

Store the medications in the school at the correct temperature in a secure, locked, clean container or cabinet. Policy should address proper storage.

A written, practical plan to give the student medication at the date and time prescribed should be included in the HAP.

Regular administration protects acceptable blood levels of medication.

Keep a written record of medications given at school.

Policy should include the use of a medication record or documentation.

Assemble the medication and supplies needed.

These might include the medication, a measuring spoon, water, or other liquids.

Wash your hands.

Use disposable gloves if indicated.

Determine the student's blood pressure, pulse and adjust dose if indicated.

Refer to student's HAP.

Review the five "R's" to ensure administration of the correct medication

Right name (of student)
Right medication
Right dose/amount
Right time
Right route (by mouth, injection, etc.)

area.

Give the student the authorized medication *via the route* specified.

Return unused medication to secure

Review specific procedures for application of rectal, otic, ophthalmic, and intranasal medications that follow this section.

Observe the student for possible side effects.

Review the pharmaceutical literature for each medication the student is taking.

#### Administering Medications: (continued)

Step Notes

Dispose of used equipment Remove and discard gloves, if worn. Refer to district's guidelines on infection control or *Manual for School Health Programs*, DHSS/DESE, 2005, Infection Control Procedures for Schools.

Have the student resume his scheduled classroom activities

Wash your hands.

Document giving medications on the student's record or medication/treatment record.

Medication record should include name of medication, route of administration, and dosage. Entries should identify name of person giving medication, date, and time. Record should include area in which to record comments regarding unusual response, problems encountered, or action taken.

Inform the appropriate school staff of the potential side effects of the student's medication.

This allows the staff to plan to optimize the student's performance and to report any reactions to the medications.

Summarize the student's compliance with and apparent benefit (or lack of benefit) from taking this medication at school.

Give this information to student's parent/guardian and physician on a periodic basis or as indicated in the student's plan.

#### ALTERNATIVE ROUTES OF MEDICATIONS – SPECIFIC INSTRUCTIONS

#### ADMINISTERING RECTAL MEDICATIONS

- 1. Provide privacy.
- 2. Assist student to a position in which rectum is easily accessible.
- 3. Lubricate suppository with water-soluble lubricant.
- 4. With free hand, gently lift upper buttock.
- 5. With gloved hand, guide suppository into anus, along the rectal wall, away from fecal mass. Be sure to insert beyond internal sphincter.
- 6. With tissue or gauze pad, press gently on anus for a few moments to help student retain medication.
- 7. Encourage student to retain suppository for at least 20 minutes, if it is appropriate for suppository to be expelled (i.e., laxative).
- 8. Rectal medications that are given in emergencies should be delegated to specific personnel that have been trained in the emergency action plan for the student.

#### ADMINISTERING OPTHALMIC (EYE) MEDICATIONS

Ensure that the date on the medication has not expired and appearance indicates sterility has been maintained.

#### **Ointment**

- 1. Student should be sitting or lying flat, head tilted back slightly.
- 2. Remove any secretions, wiping from inner to outer canthus with sterile gauze pad or cotton ball.
- 3. Instruct student to look up as you instill medication to reduce chance of stimulating corneal reflex.
- 4. Expose lower conjunctival sac by gentle traction on area distal to center of eye to form a pocket.
- 5. Gently squeeze a 1-2 cm strip of ointment along the lower conjunctival border moving from the inner canthus outward.
- 6. Release lower lid and instruct student to close the eyelid and move the eye around to distribute ointment.
- 7. Remove excess ointment by gently wiping from inner canthus outward with sterile gauze or cotton.

#### **Drops**

- 1. Same as ointment, but drop medication into center of lower conjunctival sac.
- 2. Instruct student to close eyelid and move eye while you apply pressure to inner canthus to minimize possible systemic absorption via tear ducts.

#### **ADMINISTERING OTIC (EAR) MEDICATIONS**

- 1. Warm medication to room temperature.
- 2. Fill dropper with prescribed amount.
- 3. Turn student's head so that affected side is uppermost.
- 4. Straighten auditory canal.
  - a. Infant pull down and back on earlobe.
  - b. Children/adults pull up and back.
- 5. Rest dominant hand on student's head to stabilize area.
- 6. Administer medication toward walls of canal rather than directly into eardrum.
- 7. Unless instructed otherwise, insert a small piece of cotton loosely into external canal.
- 8. If possible, allow student to keep affected ear uppermost for 10-15 minutes to retain solution.

#### ADMINISTERING INTRANASAL MEDICATION

- 1. Instruct student to gently blow nose.
- 2. Position student lying down. May use small pillow or rolled towel under shoulders.
- 3. Press gently on tip of nose to open nares.
- 4. Insert dropper just inside nostril and instill the prescribed amount of medication.
- 5. Encourage student to remain in this position for a few minutes to allow time for medication to drain through nasal passage.
- 6. Student may wish to expectorate solution that drains into nose and mouth.

#### ADMINISTERING EMERGENCY MEDICATION (Epi Pen®)

The school district should have an emergency action plan for any student who might require administration of this emergency medication. Staff authorized and trained to administer this drug must be trained to follow an emergency action plan, including recognition of the stages of a severe allergic reaction, and to call 911 prior to proceeding with medication administration.

- 1. Check for color don't inject if liquid is brown.
- 2. Pull off safety cap.
- 3. Place tip of injector on outer thigh at right angle to leg.
- 4. Press hard into thigh, the syringe will automatically inject (If there is no time, the Epi Pen® may be used directly through clothing).
- 5. Hold in place for 10 seconds.
- 6. Remove and massage the area for 10 seconds.
- 7. Dispose of Epi Pen® in a sharps disposal container.

#### Appendix F

#### Pre- and Post-Test

#### Circle the appropriate answer:

T	F	1.	Medication administration at school requires a parent(s)/guardian(s) written
			request.

- T F 2. Medications may be stored in an unlocked cabinet in a locked school.
- T F 3. Record medication administration prior to giving the medication.
- T F 4. You should report immediately if a student refuses to take a scheduled medication.
- T F 5. Prescription medications are the same as over-the-counter drugs.
- T F 6. Proper handwashing is very important in fighting the spread of germs.
- T 7. It is okay to put tablets and capsules into the student's hand if you are careful.
- T F 8. Unwrap individually wrapped medications when you are ready to give the medication.
- T F 9. Measure liquid medication at eye level to assure proper dosage.
- T F 10. You may apply topical medications such as ointments, creams, and lotions using your fingers if you wash your hands first.
- T F 11. If you are unsure about how to administer a medication, check with your supervisor before giving it.
- T F 12. You should report any change noticed in the student's condition.
- T F 13. The auto-injector pen may be administered through clothing.
- T F 14. Drug legislation is designed to ensure the public's safety and to regulate the manufacture and sale of drugs.
- T F 15. Any school personnel may dispense prescription medication.
- T F 16. A legal prescriber includes a pharmacist, physician, dentist, and nurse practitioner.

#### 17. Drugs are classified as:

- a. over-the-counter (OTC)
- b. controlled substances
- c. prescription medication
- d. all of the above
- 18. The first action you take when you are unclear about administering a medication is:
  - a. check with the student
  - b. check with the prescriber
  - c. do not administer the medication
  - d. use your judgment
- 19. The record of medication administration includes:
  - a. name of the student
  - b. date
  - c. time medication is given
  - d. all of the above
- 20. The student does not come for medication at the right time. You should:
  - a. check with the classroom teacher, attendance office, or principal
  - b. call the student's parents
  - c. notify your supervising nurse immediately
  - d. call the physician

- 21. A student vomits after taking a medication. You need to report:
  - student's name and age a.
  - b. medication and dosage
  - c. time interval between medication administration and vomiting
  - all of the above
- 22. You make an error in giving a medication. You should **immediately:** 
  - report the error following school policy guidelines
  - b. fill out an incident report
  - c. induce vomiting
  - notify the student's parent/guardian and physician d.
- 23. To prevent the spread of germs, wash hands:
  - a. 1, 2, 5
- 1. before giving each student's medication
- b. 3, 4, 6
- 2. after giving each student's medication
- c. all of these
- 3. at the beginning of the day
- d. none of these
- 4. after using the restroom
- - 5. between giving each student's medication
  - 6. after removing gloves
- 24. Each time you give a medication, you should:
  - perform proper handwashing techniques
  - b. check the "five rights"
  - fill out the medication log c.
  - d. all of the above
- 25. A student is taking two liquid medications. You do all except:
  - measure the liquid using a medicine cup
  - b. mix two liquid medications in the same cup
  - c. hold the bottle with the label facing your palm
  - d. measure the dosage at the bottom of the disc
- 26. Administration of eye drops includes:
  - approach the student from inside his field of vision
  - touch the eye with the dropper
  - after administration, ask student to close his eyes for a few minutes C.
  - blot excess from the outside of the eye to the inside
- 27. Administration of the auto-injector medication in emergencies includes:
  - pull off safety cap
  - b. place tip on outer thigh
  - press auto-injector against thigh until mechanism activates
  - d. all of the above
- 28. When administering ear drops:
  - store the medication at room temperature
  - wait at least 1 minute before putting drops in the second ear
  - washing your hands is not necessary since chances of spreading germs are minimal c.
  - all but c d.

29.	a. b. c.	in situations where no previous training has occurred in emergency situations such as allergic reactions both A and B none of the above									
30.	<ul> <li>Monitoring student self-administration by inhaler does not include:</li> <li>a. exhale immediately after inhalation for medication to settle</li> <li>b. reminding the student to take medication</li> <li>c. shaking the inhaler for two seconds</li> <li>d. waiting 2 minutes before the second inhalation</li> </ul>										
31.	The role of the qualified person to administer medication includes all <b>except:</b> <ul> <li>a. responsibility in following medication administration procedures</li> <li>b. obtain medication information from the student's health plan</li> <li>c. no accountability for errors</li> <li>d. know the specific instructions for each medication administered</li> </ul>										
32.	The a. b. c. d.	best definition of medication is: a synthetic and artificial substance prepared in labs from chemicals a substance to prevent, diagnose, cure or relieve disease the generic name is designated and patented by the manufacturer a substance which is unlikely to produce adverse effects									
33.	Relation a. b. c. d.	able sources of medication information include all of the following except: phenology textbooks drug reference books school nurse or nurse supervisor pharmacist									
34.		the "five rights" of medication administration, and write a brief explanation ach one (10 point)									
35.	adn	cumentation - list the eight critical items to document for each medication ninistered: this includes items on a medication record and any additional items that ald be documented. (2 points)									
Con	mme	Total score Possible score - 45 points Score 40 points = 90% mastery nts:									

#### Pre- and Post-Test Key

T 1. 2. F 3. F Τ 4. F 5. 6. Τ 7. F 8. Τ 9. Τ 10. F 11. T 12. T 13. T 14. T

15. F

16. F

17. D

- 18. C 19. D 20. A 21. D 22. A 23. C 24. D 25. B 26. C 27. D 28. B 29. B 30. A 31. C 32. B 33. A
- 34. Right student properly identify the student
  Right time administer medication at the prescribed time
  Right medicine administration of the correct medication
  Right dose administration of the right amount of medication
  Right route use the prescribed method of medication administration
  (Award one point for each "right" and each description for a total of 10 points)
- 35. Documentation medication record should include the following: student name, time, medication, dose, route, prescriber, pharmacy and prescription number, date, person administering, and any unusual observation or circumstances.

  (Award 0.2 point for each item for a total of 2 points)

\_\_\_\_\_ Total score Possible 45 points Score of 40 points = 90% mastery

Adapted from *Administering Medications to Students in Iowa Schools: A Guide*, Iowa Department of Education, June 1995 edition.

#### Glossary

- A. **Policy** a written document that provides general guidelines for decision-making.
- B. **Standing orders** written protocol for using a medication applying to the general use of that medication, as opposed to an order for a medication written for a specific individual (e.g., epinephrine in anaphylaxis).
- C. **Medication** prescription or non-prescription substances or preparations:
  - tablets and capsules oral medication to be swallowed;
  - suspensions undissolved medicine in liquid must be shaken before administration;
  - syrups and elixirs sweetened liquid that contains dissolved medication;
  - inhalants liquid medication in watery form that is applied under pressure as a spray or added to sterile water and given as medicated steam; and
  - topical creams, ointments, eye drops and eye ointments, ear drops.
- D. **Non-prescription medication** over-the-counter preparations obtained without a prescription.
- E. **Long-term medication** preparation utilized for the treatment of chronic illness including both daily and as needed (PRN) medications.
- F. **Licensed prescriber** physician, dentist, podiatrist, advanced practice nurse, physician assistants, and other health care providers legally authorized to prescribe medications.
- G. **Dispense** distribution of a prescription drug by a pharmacist, physician, dentist, podiatrist or other person licensed or registered to distribute prescription medication.
- H. **Authorization** medication instructions by the prescriber and/or parent/guardian to administer medication.
- I. Administration assisting a student in the ingestion, application, inhalation, injection, insertion or self-management of medication according to the directions of a licensed prescriber or parent(s). A licensed prescriber, the prescriber's agent (RN/LPN) and persons who have successfully completed a medication administration course may administer medications.
- J. **Individual healthcare action plan (HAP)** a written plan of care for students with significant special needs and requiring specialized procedures. The HAP is developed after assessment of the student's health needs, and agreed to by parent, health care provider, school administrator, school nurse or physician.
- K. **Individual Healthcare Plan (IHP)** a nursing care plan that has student-centered goals and objectives, and describes the nursing interventions designed to meet the student's short and long-term goals. IHPs are useful when the nurse is assisting the student to: become better educated about their special health care needs; develop more self-care activities; address health-related absenteeism; and cope more effectively with their condition/disease.

- L. **Delegation** the process of assigning tasks to a qualified individual. Effective delegation includes the following guidelines:
  - 1. The defined task is clear and the related authority specified.
  - 2. The task demands do not exceed the individual's job description.
  - 3. The method of supervision is established in advance.
- M. **Student** individual birth to 21 years-of-age.
- N. **Self-administration** student self-management of medication. Student demonstrates ability to safely manage own medication to designated monitoring health personnel.
- O. **Monitoring -** reminding the student to take medication; visual observation of the student to ensure compliance; recording medication administration; and notifying the parent and licensed prescriber of any side effects or refusal to take the medicine.
- P. **Supervision** the method of monitoring, coaching and overseeing delegated tasks. Levels include:
  - immediate supervisor is physically present,;
  - direct supervisor is present and available at the site; and
  - indirect supervisor is available in person or through electronic means.
- Q. **Registered professional nurse (school nurse)** a registered nurse, licensed to practice professional nursing in Missouri and employed in the school setting.
- R. **Qualified designated personnel** school employee who has successfully completed a medication course and periodic updates (at least annually). Personnel work under the direction of the registered professional nurse responsible for the medication administration program in the school district.

#### **FORMS**

Evaluation of Mastery

Physician Authorization for Medication

Parent Authorization for Medication Administration

Medication Administration Daily Log

Medication Error Report Form

Training/Supervision/Monitoring Record

Certificate of Completion for School Medication Administration Training

## **Evaluation of Mastery** Medication Administration

Name		Key for scoring
Date	Score	1 = satisfactory 0 = unsatisfactory or omission
General N	Medication Administration	or offission
1.	Wash hands using approved method	
2.	Verify the authorization with the pre	scription label.
3.	Gather necessary items.	
1. 2. 3. 4.	Check the label for name, time, med container.	ication, dose and route when picking up the
5.	Prepare the medication without touclabel for name, time, medication, do	hing the container (medicine cup). Check the se and route.
6.		ication, dose and route when returning the
7.	Identify the student.	S
8.	Observe the student for any unusual	behaviors or conditions.
9.	Explain the procedure to the student.	
<u></u> 10.	Position the student properly for the	
11.	Administer the medication to the cor	rect student.
12.	Administer the correct medication.	
13.	Administer at the correct time.	
14.	Administer the correct dose.	
15.	Administer by the correct route.	
16.	Provide equipment and supplies as n	
17.	Verify the student received the medi	
18.	Record medication administration. I	
	dose, time, route, person administeri	
19.	Report unusual reactions immediatel	
20.	Clean, return and/or dispose of equip	oment as necessary.
21.	Wash hands.	
Oral Med	lication Administration	
Tablets or	cansules	
	Remove bottle cap and hold cap in o	ne hand and container in other hand
1. 2. 3.	Pour the medication into the cap.	no nama una comunior in outer nama.
		a clean container (medicine cup) and give cup
	to the student.	a cream container (medieme cup) and give cup
4	Give with a full glass of water unless	s otherwise indicated
	Verify the student swallowed the me	
4. 5. 6. 7.	Recap the bottle and return it to the	
	Individually wrapped medication:	proper place.
/.		ded and place package in a clean medicine cup.
		sfer into cup when the student takes the

medication.

Liquid or po	owder
1.	Shake container per label instructions.
2.	Pour liquid from side of the bottle opposite the label (hold label in palm of hand). Pour into graduated medicine cup.
3.	Pour medication at eye level and directly in front of eyes.
4.	Measure the dosage at the bottom of the disc (meniscus).
3. 4. 5.	Wipe off any medication on the outside of the container.
Topical Me	edication Administration
Skin Medic	ations
1.	Gather necessary equipment which may include: tongue blade, gauze, tape,
	cleansing material, cotton-tipped applicator and gloves.
2.	Cleanse the skin, remove previously applied medication, apply medication in a thin
	layer or as ordered.
3.	Cover skin as directed.
Eye Drops	
1.	Gather necessary equipment: cotton balls and tissue.
1. 2.	Cleanse the eye with a clean cotton ball wiping once from the inside to the outside.
	Use clean cotton ball for each eye.
3.	Position the student with head tilted back and eyes looking up. Open the eye to
	expose the conjunctiva sac.
4.	Approach the eye outside the field of vision. Avoid touching the dropper tip to
	anything.
5.	Drop the medication into the sac, not on the eyeball, with the drop not falling more
	than 1 inch into the eye.
6. 7.	Gently close the eye. Ask the student to keep the eye closed for a few minutes.
7.	Blot excess medication with a clean cotton ball or tissue for each eye treated.
Eye Ointme	ent
1.	Gather necessary equipment: cotton balls and tissue.
2.	Clean the eye with a cotton ball wiping once from the inside to the outside. Use a clean cotton ball for each eye.
3.	Position student with head tilted back and eyes looking upward. Open the eye to
	expose the conjunctiva sac.
4.	Approach the eye outside the field of vision. Avoid touching the tip to anything.
5.	Apply ointment in a thin layer along inside lower lid.
6.	Hold the lid open a few seconds.
4. 5. 6. 7.	Gently close the eye. Ask the student to keep the eye closed for a few minutes.
8.	Blot excess medication with a new clean cotton ball or tissue for each eye treated.
Ear Drops	
1.	Gather necessary equipment: cotton balls and tissue.
<u></u> 2.	Position the student.
	a. If lying flat on a cot, turn face to the opposite side.
	b. If sitting in a chair, tilt head sideways until ear is horizontal.

Ear Drops (c 3. 4. 5. 6. 7.	4. Straighten the ear canal. Pull outer ear gently down and back (ages 3 and under) or											
Inhaler: Monitoring Student Self-Administration												
immediate a	vidual student plan which may include self-management, self-administration and vailability with student carrying the medication. Observations when monitoring administration of medication may include:											
Metered Dos1234567.	Remove the cap to expose the mouthpiece. Shake the inhaler gently back and forth. Exhale fully to empty the air from your lungs.  Place the inhaler up to your mouth and seal your lips around the mouthpiece.  Press down on the medication as you start breathing in for 3-5 seconds.  Fill your lungs with the medication and hold your breath for 10 seconds. Then slowly breathe out.  Repeat steps 1-5 for each prescribed puff. Wait one minute between puffs.  Avoid exposing the MDI to extreme temperatures. Follow manufacturer's guidelines for care of this device.											
Spacer/Char1234567.	Remove the cap and look for foreign objects.  Attach inhaler to device. Shake the chamber and MDI. Exhale fully.  Place mouthpiece in mouth (or mask on face).  Press down on the medication as you start breathing in for 3-5 seconds.  Fill your lungs with the medication and hold your breath for 10 seconds. Then slowly breathe out.  Repeat steps 1-5 for each prescribed puff. Wait one minute between puffs.  Follow manufacturer's guidelines for care of the device.											
Auto-inject	or Medication											
1234.	Pull off safety cap. Place tip of injector on thigh. May be injected through clothing. Press auto-injector against thigh until mechanism activates, and hold in place several seconds. Follow the school emergency procedure.  Score Possible 76 Mastery is 100% accuracy on return demonstration											
10tal	i Score - 1 ossible /o - istastery is 100 /o accuracy on return demonstration											

(This evaluation should be adapted to material used in teaching medication administration course.)

#### **Physician Authorization for Medication**

Name of Student:		Date of Birth:
Address:		Grade:
Street	City/Town	
Name of Licensed Pres	criber:	Title:
Business Telephone Nu	ımber:Emergen	cy Number:
I have determined that hours.	at it is necessary for this medication	to be administered during school
Medication to be admir	nistered:	
Route:Dosa	age:Frequency/time(s) of adm	ninistration:
Other specific direction	ns or information regarding this medic	cation/administration:
Optional information:  1. Special side effects,	contraindications, or possible advers	e reactions to be observed:
2. Other medication be	eing taken by this student:	
	scheduled visit or when advised to re ministration, provided the school nurs	
Yes: No:	<u> </u>	
	Signature of licensed prescriber	
	Date	

#### Parent Authorization for Medication Administration

Student name:		Date of Birth:
Parent/Guardian name (print):		
Telephone number Home:	Work:	Emergency:
Other person(s) to be notified in c	ase of a medication en	mergency:
Name:	Telepho	ne Number:
confidentiality):		nedications (to be completed if not in violation of
My son/daughter has the following	g food or drug allergi	es:
Date to discontinue medication	F	Follow up visit to prescriber
☐ I am requesting the school numprescribed by:	rse or designated scho	ool personnel to administer the medication
	to	
(Licensed prescriber)		(Student)
I am requesting that the school non-prescription drug according		person administer this over-the-counter (OTC), er's directions.
I give permission for my son/o is safe and appropriate.	daughter to self-admii	nister medication, if the school nurse determines it
OTC drug, and any special instruct Family Rights and Privacy Act (F.	ctions. I understand the ERPA), and school pe	ording to the prescription or parental request for the information is confidential according to the tersonnel, needing to know, have access to this toll personnel and the prescriber if questions arise.
	will be destroyed if i	or retrieve the medication from the school at any t is not picked up within one week following of school.
Parent/guardian signature:		Date:
Relationship to student:		
Address:		

#### **Medication Administration Daily Log**

(To be completed for <u>each</u> medication)

Schoo	l Yea	.r					-																								
Name	of St	uden	t								_Dat	e of l	Birth	·			Sex		G	irade	/Hor	ne R	oom	(or T	each	ner)_					
Name	of Sc	hool										Name of Dispensing Pharmacy																RX	#		
Name	and I	Oosag	ge o	f Me	dicati	ion _								_ Ro	oute _			Free	quen	су _		T	imes	(s) G	iven	in S	choo	1			
Direct	ions:	Initia	al w	ith ti	me of	fadr	ninis	tratio	on; a	com	plete	sign	ature	and	l initi	als o	f eac	h pe	rson	adm	inist	rating	g me	dicat	ions	shou	ld be	incl	uded	belo	w.
	1				5																										
Aug																															
Sept																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
June																															
NOTE	: Pei	rson a	adm	inist	ering	med	licati	on sl	houl	d init	ial ar	nd sig	gn be	low.																	
INI	TIAI		9	SIGN	JATU	RF			INI	ΓΙΔΙ			SIC	ana.	TUR	F				$\mathcal{C}$	CODI	FS									
1																		A	) Ab			) No	Sho	W							
2		_						6.									-	E)	Ear	ly Di	ismis	ssal (	W) I	Osag	ge W	ithhe	eld				
3		_						7										F)	Fiel	d Tri	ip (	X) N	o Sc	hool	(i.e.,	holi	day,	weel	kend	, sno	w day
4								8	·									N)	) No	Med	licati	on A	vaila	ıble							

Use reverse side for reporting significant information (e.g. observations of medication's effectiveness, adverse reactions, reason for omission, plan to prevent future "no shows").

Date	Explanation (with signature)	Date	Explanation (with signature)

#### **Medication Error Report Form**

Student:	DOB:	
School Building:	Grade:	Date of Error:
Medication:	Dosage:	Time to be given:
Reason for report: (Missed medication min. before or after scheduled time] whow error occurred.		meals as prescribed, wrong time [> 30 ong route etc.). Give detailed report as to
ACTION TAKEN/INTERVENTION: Building nurse/Nurse Supervisor:		Notified :Yes No
Time and date of notification:		
Name of parent or guardian notified: _ (if applicable)		Γime and date:
Student's physician notified:(if applicable)		Time and date:
Building Administrator signature:		Date:
Witness(s):		
Signature of person preparing report: _		Date:
Follow up contact/care:		
**********	******	********

This is an example of information needed for a medication error report. School policy dictates who is to be notified and what order. Form should be completed in ink as it is a legal record. Do not use "white out," correction tape, eraser, etc. to correct recording errors. Draw a single line through the error, record the correct information, and initial the corrected entry. The completed form is to be sent to the supervising nurse and a copy maintained in the employee's file in a designated location.

# Certificate of Completion for

## School Medication Administration Training

Satisfactorily completed the training

**Date** 

Instructor

**Update Due** 

Sample Training/Supervision/Monitoring Record Name Instructor **Date** Detailed description of training (attach training agenda or location of course materials). **Performance evaluation Date Comments Return demonstration Date Comments Supervision follow-up Update Due Date Comments Continuing documentation** Date / / Comments

#### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

#### DIVISION OF COMMUNITY AND PUBLIC HEALTH Section for Healthy Families and Youth Bureau of Genetics and Healthy Childhood

PO Box 570 Jefferson City, MO 65102-0570 (573) 751-6213

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